

THYROID OPHTHALMOPATHY. CASE REPORT

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Rezumat**Oftalmopatia tiroidiană. Raport de caz**

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Oftalmopatia tiroidiană sau boala oculară tiroidiană este o patologie inflamatorie a orbitei asociată cu boala tiroidiană autoimună care determină hipertrofia și fibroza țesutului adipos al orbitei și a mușchilor striati. Patologia prezintă morbiditate crescută cu defect estetic și funcțional. Boala Graves este cea mai frecventă patologie autoimună, iar circa 50% dintre pacienți pot dezvolta orbitopatia tiroidiană.

Cuvinte-cheie: oftalmopatie tiroidiană, oftalmopatie, tiroida

Actuality. Thyroid ophthalmopathy or thyroid eye disease (TED) is an orbital inflammatory condition associated with autoimmune thyroid disorders, which determine hypertrophy and fibrosis of orbital fat and striated muscle, presenting increased morbidity: aesthetically and functionally. Graves' disease is the most common autoimmune disorder. Approximately 50% of patients with Graves' disease may develop thyroid orbitopathy. The orbital target of the immune response is probably the pluripotent orbital fibrocyte. The diagnosis of TED is established based on three aspects of the disease: clinical findings, thyroid function and antibody tests, imaging characteristics. The most important clinical features of orbitopathy are lid retraction, proptosis, divergent visual axis and dystyroid optic neuropathy. Inflammatory phase is managed by conservative medical treatment and chronic fibrotic phase by surgical.

Objectives. To present the epidemiology of TED and possible risk factors; the pathophysiological mechanism and clinical manifestations of thyroid ophthalmopathy; to elucidate the stages and the criteria of diagnosis; selection of treatments; clinical case presentation.

Materials and Methods. This study is a case report, based on a retrospective analysis of a patient, using different diagnostic methods presented in the article.

Discussion and conclusion. Thyroid ophthalmopathy is an orbital inflammatory condition, which is associated with autoimmune thyroid disease that causes hypertrophy and cicatrizing of orbital fat and striated muscles. Although it is self-limiting, it can significantly disrupt the aesthetic aspect, vision and quality of life of patient. TED has a biphasic course, with a progressive („active”) phase that lasts 6-18 months, followed by a stable („inactive”) phase. These phases are classified as „clinical activity”. Immunomodulatory medication and radiotherapy used in the temporary active phase may limit the destructive consequences of the immune cascade. TED management is ideally performed using a multidisciplinary team (endocrinologist, ophthalmologist, rheumatologist, oncologist), each having an area for expertise.

Keywords: thyroid ophthalmopathy, ophthalmopathy, thyroid